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FAX

Date: July 3, 2007

Pages (including cover): 5

To: Mail Stop RCE

Fax: 571-273-8300

Ph:

From: Daniel S. Song, Reg. No. 43,143

Docket No. 740883-175

Message: The following documents are being presented for facsimile filing in the United States Patent and Trademark Office:

1. Request for Continued Examination;
2. Fee Transmittal Form;
3. Information Disclosure Statement; and
4. Form PTO-1449 citing 12 references.

U.S. Patent Application of:

Inventor: James David CEBULA et al.

Application No.: 10/674,064

Filed: September 30, 2003

Title: Method and System for Object Level Software Testing

Due Date: N/A

Attorney Docket No. 740883-175

DSS/aj


Date: July 3, 2007

CERTIFICATE OF FACSIMILE TRANSMISSION [37 CFR 1.8(a)]

I hereby certify that this correspondence is being facsimile transmitted to the USPTO at 571-273-0025 on July 3, 2007.

Signature:

Name:


Anka Johnson

Effective on 12/08/2004,
Fees pursuant to the Consolidated Appropriations Act, 2003 (H.R. 4818).

FEE TRANSMITTAL FOR FY 2005

Complete if Known

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$790.00)

Application Number 10/674,064

Filing Date September 30, 2003

First Named Inventor James David CEBULA et al.

Examiner Name John Q. Chavis

Art Unit 2193

Attorney Docket No. 740883-175

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METHOD OF PAYMENT (check all that apply)

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FEE CALCULATION

1. BASIC FILING, SEARCH AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple document claims	360	180

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

Extra Sheets

Number of each additional 50 or fraction thereof

Fee (\$)

Fee Paid (\$)

- 100 = / 50 = (round up to a whole number) X =

4. OTHER FEE(S)

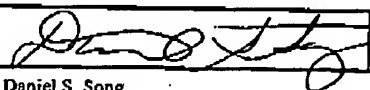
Non-English Specification, \$130 fee (no small entity discount)

Other: Request for Continued Examination fee

\$ 790.00

SUBMITTED BY

Signature



Registration No. 43,143
(Attorney/Agent)

Telephone 202 585 8000

Name (Print/Type)

Daniel S. Song

Date July 3, 2007

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Alexandria, VA 22313-1450